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CONFIRMATION NO. 5304

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/623,803	07/22/2003 RULE	623	3775	246472005200	
<b>APPLICANTS</b> Arnold Keller, Kayhude, GERMANY; <b>** CONTINUING DATA *****</b> None. AR. 12/17/09 <b>** FOREIGN APPLICATIONS *****</b> None. AR. 12/17/09 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/26/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ANU RAMANA/</u> Examiner's signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> <del>5</del> 2	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Barry E. Bretschneider Morrison & Foerster LLP Suite 300 1650 Tysons Boulevard McLean, VA 22102 UNITED STATES					
<b>TITLE</b> Intervertebral disc prosthesis					
<b>FILING FEE RECEIVED</b> 1320	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	